

**State of Maryland – Department of Health and Mental Hygiene
Behavioral Health Administration
Catonsville, MD 21228**

REPORT AS TO CERTIFICATION OF COMMITMENT

*This section is to be completed by the physician or psychologist completing the **Physician's or Psychologist's Certificate to Accompany Application for Involuntary Admission** (DHMH #2). Attach a copy of this form to ONE certificate.*

I, the undersigned ☐ physician ☐ psychologist have, on ____/____/20____, examined

_____, and find that:

Individual's Name

1. This individual has the following mental disorder with the most current DSM diagnosis of:
_____ (Axis I non-substance abuse as primary focus of treatment.)
2. The patient is in need of institutional inpatient care or treatment because _____

3. The patient presents a danger to his/her own life or the life or safety of others because

4. The patient is ☐ unable or ☐ unwilling to be voluntarily admitted as evidenced by _____

5. There is no less restrictive alternative than inpatient psychiatric care available for the patient, which is consistent with welfare and safety, in that _____

6. **STATE HOSPITALS ONLY:** For patients 65 years of age or older, the patient has been evaluated by the Adult Evaluation Referral Service, and no less restrictive intervention has been determined by that team to be appropriate for the patient:

AERS evaluation was completed by: _____ on ____/____/20____.

Name of AERS team member

Certifying Physician's/Psychologist's Signature

Printed/Typed Name

Time